



TRANSMITTAL FORM

Attorney Docket No.
P207C/1937CIn re the application: **Neil L. MAYLE and David L. ROSE**Serial No: **09/384,674**Group Art Unit: **2154**Filed: **August 27, 1999**Examiner: **Maung, Zarni**For: **System for Creating Messages Including Image Information**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input checked="" type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts				
<input type="checkbox"/>	Executed Declaration by Inventor(s)	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for three month(s), from July 30, 2002 to October 30, 2002.			

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	20		\$18.00	\$ 0.00
Independent Claims	4	3		\$84.00	\$ 84.00
				Total Fees	\$ 84.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. 5190 in the amount of \$1,114 (\$920 – 3 Mo Ext Fee; \$84 – Claim fee; and \$110 – Disclaimer fee) is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	October 30, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: October 30, 2002	
Type or printed name	Grace Alicea
Signature	

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